

Requisition for Human Stem Cell Lines from the Massachusetts Stem Cell Bank

Required documents:

- A completed **Requisition for Human Stem Cell Lines** form from the Massachusetts Stem Cell bank.
- Approved UMASS **Materials Transfer Agreement (MTA)** and intellectual property documents for the requested cell lines (see Section 4 for details).
- Statement of expertise in handling human embryonic stem cells and/or reprogrammed stem cell lines.

SECTION 1 – CELL LINES REQUESTED

Select the appropriate cell line(s) for your project from the Massachusetts Embryonic Stem Cell Bank Web site. Additional information on our human stem cell and reprogrammed cell lines is available at the International Stem Cell Registry web site (www.umassmed.edu/iscr/index.aspx).

Cell line(s) requested:

MA bank code	Provider's cell line name
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 2 – PRINCIPAL INVESTIGATOR AND CONTACT INFORMATION

Principal Investigator Information

Company or Institution Name: _____
Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____
Street Address: _____ Department: _____
Room: _____ City: _____ State: _____ Zip code: _____
Country: _____

Contact Information *(If contact information is different than above)*

Company or Institution Name: _____
Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____
Street Address: _____ Department: _____
Room: _____ City: _____ State: _____ Zip code: _____
Country: _____

SECTION 3 – DESCRIPTION OF RESEARCH PROJECT

Title of the project: _____

Have you previously received cell lines from the Massachusetts Stem Cell Bank?

No Yes If yes, Customer number _____

Please attach a summary of the research project; include aims and objectives

(Approx. 300 words): _____

IRB approval? No Yes If yes, date of approval _____

SECTION 4 – DECLARATION

- The human stem cells obtained from the Bank and their progenies are prohibited from distribution to any third party without prior approval by the Bank (Wi Cell holds approval).
- The Bank and its personnel are responsible only for the quality of human stem cells maintained at the Bank and at the time of distribution. They shall not be held liable for any hazard or accident related to the use of the human stem cells after their distribution. They shall not be held responsible or legally liable for any aspect of the research conducted with the distributed human stem cell lines.
- I understand and agree with the above conditions, and agree to comply with all the MTA and licensing agreements of the owner(s) of the human stem cell line(s) requested. I also agree to comply with the policies and regulations of my institution, and all extant State and Federal agencies governing the use of human stem cells.
- I will complete the Massachusetts Embryonic Stem Cell Bank's annual survey regarding the status of received cells in my lab.

Name of PI: _____

Signature: _____

Date: _____

Institutional Approval

Name: _____

Title: _____

Please fax or email this form in addition to mailing the application form and relevant documents to the following address:

University of Massachusetts Medical School
 Center for Stem Cell Biology and Regenerative Medicine
 222 Maple Avenue, Rose Gordon Building, Room# 244
 Shrewsbury MA 01545
 Fax# 508-856-6566
 Email: MHESCB@umassmed.edu

You will be informed of the decision upon review of your application form.

Bank Use Only:

Approved _____

Need additional documentation, specify: _____

Not approved, specify: _____

Lab Manager Name: _____

Signature: _____

Date: _____

Chief Scientist Name: _____

Signature: _____

Date: _____